

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: TRANSPONDER AND TOOL FOR  
READING AND/OR WRITING DATA IN  
SAID TRANSPONDER  
Attorney Docket Number:: 5019-1004  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWITZERLAND  
Status:: Deceased Inventor  
Given Name:: PHILIPPE  
Middle Name::  
Family Name:: STALDER  
Name Suffix::  
City of Residence:: LA CHAUX-DE-FONDS  
State or Province of  
Residence::  
Country of Residence:: SWITZERLAND  
Street of Mailing Address:: LOUIS-ROBERT 108  
Address::  
City of Mailing Address:: LA CHAUX-DE-FONDS  
State or Province of Mailing Address::  
Country of Mailing Address:: SWITZERLAND  
Postal or Zip Code of Mailing Address:: CH-2300

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWITZERLAND  
Status:: Full Capacity  
Given Name:: ALAIN  
Middle Name::  
Family Name:: MAILLARD  
Name Suffix::  
City of Residence:: LA CHAUX-DE-FONDS  
State or Province of  
Residence::  
Country of Residence:: SWITZERLAND  
Street of Mailing Address:: RUE DU PUIITS 21  
Address::  
City of Mailing Address:: LA CHAUX-DE-FONDS

State or Province of Mailing Address::

Country of Mailing Address:: SWITZERLAND

Postal or Zip Code of Mailing Address:: CH-2300

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/CH2002/000570	10/18/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::